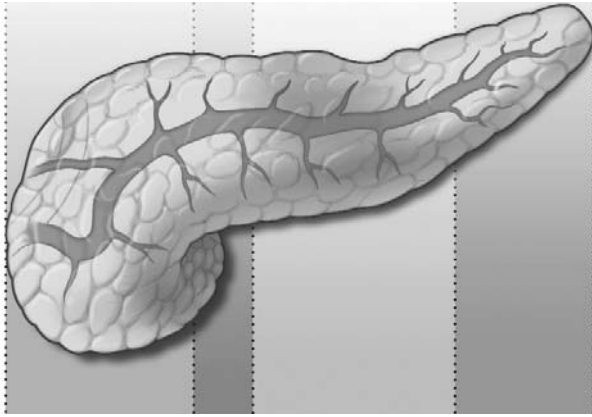


Kidney - Pancreas Transplant

California Pacific Medical Center offers diabetic patients the option of a combined kidney/pancreas transplant for treatment of both kidney failure and diabetes. This alternative, which is suitable for Type 1 or Type 2 diabetics who are insulin-dependent, not only restores the quality of life for patients living with end-stage renal disease but also eliminates the daily burden of insulin shots and blood glucose monitoring. The new kidney can filter poisons out of your body while the new pancreas makes insulin automatically, as your body needs it.

Medical and surgical advances have improved the success rate and decreased the risks of pancreas transplantation. Because of these advances, the number of kidney/pancreas transplants has steadily increased and the one-year transplant survival rate is now the same as kidney transplantation alone. Although not an option for everyone, for many patients kidney/pancreas transplantation has become the preferred treatment for end-stage renal disease resulting from diabetes.

Pancreas



Your Pancreas and Its Function

The pancreas is an organ near your stomach that produces digestive juices and insulin, a hormone that helps cells take in the glucose they need. When the pancreas stops making insulin, glucose builds up in the blood and diabetes develops. Diabetics must take daily insulin shots to provide cells with the energy they need.

When a diabetic patient undergoes kidney / pancreas transplantation, the pancreas begins to produce insulin immediately and the blood sugar falls to a normal level within hours of the transplant. Insulin shots are no longer required once the patient recovers sufficiently from surgery and can begin eating an unrestricted diet. Glucose levels, both before and after meals, stay in the normal range following transplantation and glycohemoglobin levels return to normal within a couple months after surgery.

Pancreas transplant recipients point out that they no longer worry about skipping a meal, doing too much exercise, or experiencing episodes of hypoglycemia (low blood sugar) or hyperglycemia (high blood sugar). In addition, the pancreas protects the new kidney from being affected by recurrent diabetes. The pancreas transplant may influence the course of other diabetic complications, including neuropathy and eye disease, although patients who have been diabetic

for many years may have already sustained significant irreversible damage to the nerves and eyes.

In comparison to a kidney transplant, combined kidney / pancreas transplantation requires a more extensive medical evaluation. Patients are required to come to San Francisco for a surgical consultation before they become active on the waiting list. Kidney / pancreas transplantation also requires a longer initial hospitalization as well as more frequent follow-up after surgery. In addition, because of the increased complexity of the surgery, the risk of complications is higher than with kidney transplantation.

Candidates for Kidney/ Pancreas Transplantation

The typical patient for a kidney / pancreas transplant is a Type 1 or Type 2 diabetic who has developed kidney failure and is either on hemodialysis or peritoneal dialysis, or who will need dialysis within the next six months to one year.

Candidates for kidney / pancreas transplantation have several options available to them, including:

- Remaining on dialysis
- Kidney transplant
- Simultaneous pancreas / kidney transplant (SPK)
- Pancreas after kidney transplant (PAK)

If a living kidney donor is available, a PAK transplant enables the patient to first undergo a kidney transplant from his/her living donor, then later receive a pancreas from a deceased donor. Ultimately, patients must decide which treatment is best for them.

After a thorough evaluation to determine if transplantation is appropriate, patients eligible for kidney / pancreas transplantation are placed on the same waiting list as those waiting for a kidney transplant alone. Not all deceased kidney donors make good pancreas



donors, however. Patients waiting for a simultaneous pancreas/kidney (SPK) transplant receive priority over patients waiting for a kidney alone. The average wait for an SPK transplant is between 18–24 months.

The Surgery

At the time of one's kidney/pancreas transplant surgery, the transplant physician checks for fever, infections or other serious conditions which if present, may prevent surgery. Patients undergo several blood tests as well as a chest X-ray and EKG. Dialysis may also be necessary before the surgery. After these preparations, the patient is taken to the operating room where after receiving a general anesthetic, he or she will quickly fall asleep. The transplant surgeon places an intravenous (IV) catheter into the subclavian vein (beneath the collarbone) to administer medications, monitor pressures and retrieve blood for laboratory tests during hospitalization.

Once the patient is asleep, the incision site

is shaved clean to prevent infection and a Foley catheter is inserted in the bladder. The surgeon then makes an 8- to 10-inch incision in the center of the abdomen. The donor kidney is placed on the left side of the lower abdomen and connected to the arteries and veins in the pelvis. The donor pancreas is placed on the right side of the pelvis, above the bladder. The pancreatic secretions are drained into the small intestine. The old pancreas and kidney are left in place and do not harm the new organ. The surgical procedure takes between 4–6 hours.

Following surgery, patients recover in the medical-surgical intensive care unit (MSICU), a specialized area of the hospital where close monitoring will be in effect for 24–48 hours. Once the vital signs and function of the transplanted kidney and pancreas have stabilized, patients are transferred to the regular nursing floor where our team of specialists continues to provide postoperative care. The Foley bladder catheter is usually removed after 4–5 days. On average, the hospital stay for kidney/pancreas transplant recipients at California Pacific is between 7–14 days. Patients can expect to resume normal activities within 8–12 weeks following surgery.

Beyond Medicine

At San Francisco's California Pacific Medical Center, we believe in the power of medicine. We research the most up-to-date treatments, hire and work with the most qualified individuals, and practice the most modern, innovative medicine available. We deliver the highest quality expert care with kindness and compassion in acute, post-acute and outpatient services, as well as preventive and complementary medicine.

But we also believe that medicine alone is only part of the solution. That's why we look intently at each individual case and treat the whole person, not just the illness. It's why we

go beyond medical care and provide our patients with things like disease counseling, family support, and wellness treatments. As one of California's largest private, community based, not-for-profit, teaching medical centers, and a Sutter Health affiliate, we provide education, screening, and financial support in some of San Francisco's most underserved neighborhoods. Because medicine can transform a body. But going beyond medicine can transform a life.

Learning More

The doctors and staff at California Pacific Medical Center can evaluate and educate you about kidney/pancreas transplantation at outreach sites throughout Northern California. Contact us at any time.



*California Pacific
Medical Center*

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